



Automated Medical Payments

Medicaid Bulletin Colorado Title XIX

Fiscal Agent



600 Seventeenth Street
Suite 600 North
Denver, CO 80202

Medicaid Provider Services

303-534-0146
1-800-237-0757

Mailing Addresses

Claims & PARs
P.O. Box 30
Denver, CO 80201-0030

Correspondence, Inquiries & Adjustments

P.O. Box 90
Denver, CO 80201-0090

Provider enrollment, Provider information, Changes, Signature authorization, and Claim requisitions

P.O. Box 1100
Denver, CO 80201-1100

Medicaid Fiscal Agent Information on the Internet

coloradomedicaid.consultec-inc.com

Medicaid bulletins contain important policy and billing information and should be shared promptly with billing staff.

Bulletins supplement information in the Medicaid Provider Manual and should be retained with the provider manual for reference. Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.

Please direct questions about bulletins and billing information to Medicaid Provider Services.

Distribution: All Providers

May 2001

Reference: B0100097

Remember to check client's coverage

Providers must remember to check the client's Medicaid Authorization Card (MAC) to verify eligibility and determine if the client's Medicaid coverage is with a Health Maintenance Organization (HMO), the Primary Care Physician Program (PCPP), or is Fee For Service (FFS). Also providers must verify client enrollment in a Mental Health Assessment and Services Agency (MHASA). If there is no MHASA listed, verify the mental health services coverage.

STATE OF COLORADO
MEDICAID AUTHORIZATION CARD

ACCEPTING THIS MEDICAID CARD IS AGREEMENT
TO ASSIGN TO THE STATE ALL RIGHTS TO MEDICAL PAYMENTS
FOR MEDICAL EXPENSES PAID ON MY BEHALF OR ON BEHALF OF
ANY OTHER PERSON FOR WHOM ASSISTANCE IS RECEIVED.

299217 D

Important Notice to Vendors and
People Eligible on Reverse Side

EFFECTIVE DATE UU/YY	EXPIRATION DATE UU/YY	PAT. CLASS U4	PROVIDER ID	HOUSEHOLD NO. UUUUU	BIRTHDATE MM DD YY	SEX	OTHER INSURANCE INFORMATION	SPECIAL NOTICE TO CLIENT ABOVE
STATE ID. NO. AT23456	PERSONS ELIGIBLE DOE, MARY				03 28 63	F	OTR INS	PRIMARY CARE PHYSICIAN NAME & TELEPHONE NUMBER ADAM SMITH, MD (303) 765-4321
MHASA information appears here							FOR MENTAL HEALTH SERVICES CONTACT: NEIGHBORHOOD MH CENTER PH: (303) 987-6543	
NOTICE TO PROVIDERS: •PRIMARY CARE PHYSICIAN• PAYMENT FOR SERVICES TO ANY PERSON ABOVE REQUIRES REFERRAL FROM A PRIMARY CARE PHYSICIAN EXCEPT FOR EMERGENCIES + EXEMPT SERVICES. •CHECK LINE OPPOSITE EACH NAME•								MAIL TO: DOE, MARY
							Coverage information appears here	

Client enrollment	MAC information
HMO	Name of HMO
PCPP	Name of PCP
FFS	No HMO or PCP name
MHASA	Name of MHASA

Follow these steps to verify eligibility and coverage:

1. Obtain a copy of the client's MAC or Notice of Proposed Action, and
2. Obtain birth date and State ID or Social Security Number (SSN), and
3. Verify eligibility and coverage through one of the following three methods: CMERS, FAXBACK, or interactive (AMP) eligibility verification.

Maintain monthly copies of all eligibility and coverage information in the client's file for billing purposes.

Please direct questions about Medicaid billing or this bulletin to:

Medicaid Provider Services

(303) 534-0146

1-800-237-0757